

PROPERTY ADDRESS: _____

Rental Application**Applicant Information**

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own

Rent

(Please circle)

Monthly payment or rent:

How long?

Landlord:

Phone #

Previous address:

City:

State:

ZIP Code:

Owned

Rented

(Please circle)

Monthly payment or rent:

How long?

Landlord:

Phone #

Vehicle Information

Type of Car:

Year:

Color:

License #:

Amount of Loan:

Children Information

Name

Age

Relation

Name

Age

Relation

Name

Age

Relation

Employment Information

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Hourly

Salary

(Please circle)

Annual income:

Military

Branch:

Rank:

Stationed Out Of:

Discharge Date:

I.D. #:

Expiration Date:

Child Support

Child Support Payments?

Yes

No

(Please Circle)

How Much?

Alimony Payments?

Yes

No

(Please Circle)

How Much?

State Assistance

Food Stamps?

Yes

No

(Please Circle)

How Much?

Medicaid?

Yes

No

(Please Circle)

Who?

Emergency Contact

Name of a person not residing with you:

Address:

City:

State:

ZIP Code:

Phone:

Relationship:

Personal References

Name:

Relation:

Phone:

Address:

City:

State/Zip:

Name:

Relation:

Phone:

Address:

City:

State/Zip:

Nearest Relative

Name:

Relation:

Phone:

Address:

City:

State/Zip:

Pets

Name:

Type:

Breed:

Appx. Weight:

lbs.

Sex:

Outdoor/Indoor:

Co-Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		How long?
Landlord:			Phone #
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		How long?
Landlord:			Phone #
Vehicle Information			
Type of vehicle:	Year:	Color:	License #:
Amount of Loan:			
Children Information			
Name	Age	Relation	
Name	Age	Relation	
Name	Age	Relation	
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Military			
Branch:		Rank:	
Stationed Out Of:		Discharge Date:	
I.D. #:		Expiration Date:	
Child Support			
Child Support Payments?	Yes No (Please Circle)	How Much?	
Alimony Payments?	Yes No (Please Circle)	How Much?	
State Assistance			
Food Stamps?	Yes No (Please Circle)	How Much?	
Medicaid?	Yes No (Please Circle)	Who?	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Personal References			
Name:	Relation:	Phone:	
Address:	City:	State/Zip:	
Name:	Relation:	Phone:	
Address:	City:	State/Zip:	
Nearest Relative			
Name:	Relation:	Phone:	
Address:	City:	State/Zip:	
Pets			
Name:	Type:	Breed:	
Appx. Weight:	lbs.	Sex:	Outdoor/Indoor:

Do you own any real-estate? Yes No

If so, where and what? _____

Have you ever filed a petition for Bankruptcy? Yes No

Have you ever been evicted from any tenancy? Yes No

Have you ever willfully and intentionally refused to pay rent when due? Yes No

Do you know anything which may interrupt income or ability to pay rent? Yes No

How did you hear about this property? _____

I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge, authorize its verification and the obtaining of a credit report. I understand that any false answers or statements made by me will be sufficient grounds for eviction and loss of security deposit. Initial _____ Initial _____

Applicant's Signature

Date

Co-Applicant's Signature

Date

DISCRIMINATION

It is illegal to discriminate against tenants on the basis of race, religion, national origin, age, or neighborhood racial makeup.

\$30.00 per adult applicant must be included with Rental Application.

If paying with cash, please have exact amounts.

To submit by mail please send to:

**PO BOX 3747
OMAHA, NE 68103**

REQUEST FOR RESIDENCY VERIFICATION

Date: _____

Attn: _____

Phone: _____

Fax: _____

The person(s) below has applied for housing at one of our properties. The applicant has listed this property as a current or previous address. By signing below, the applicant gives you permission to release residential history and information to us. Your assistance in providing the following information is greatly appreciated.

Please fax back the information to 402-341-6132.

Applicant's Name: _____

Applicant's Signature

Date

FOR OFFICE USE ONLY

1. Verification of rental property address: _____
2. Dates Applicant lived/rented at this address: _____
3. Are you a friend or relative of Applicant? _____
4. Is the Applicant: Current Resident: _____ Currently in a Lease Agreement? _____
Previous Resident? _____ Was Lease fulfilled? _____
5. Amount of monthly rent?: _____
6. Does/Did Applicant pay on time?: _____ If not, how often was Applicant late? _____
7. Does Applicant currently have a balance due?: _____ If yes, how much?: _____
8. Have you ever began or completed eviction proceedings on the Applicant?: _____
9. Was or will security deposit be refunded?: _____ If not, why?: _____
10. Was or had proper notice been given?: _____

Thank you for completing the residency verification. Your time and effort is appreciated.

Signature

Title

Date

[Email address: belfuryservice@yahoo.com](mailto:belfuryservice@yahoo.com)

3035 Harney Street - Suite 202, Omaha, NE 68131 phone: 402-341-5142 fax: 402-341-6132

REQUEST FOR EMPLOYMENT VERIFICATION

Date: _____

Company Name: _____

Attn: _____

Phone: _____

Fax: _____

The person(s) below has applied for housing at one of our properties listing your company as a current employer. By signing below, the applicant gives you permission to release employment history and any related information to us, as well as answering the questions below.

Please fax back the information to 402-341-6132.

Applicant's Name: _____

Applicant's Signature

Date

FOR OFFICE USE ONLY

1. How long has above mentioned been with your company? _____
2. Monthly Gross Pay: _____ Monthly Net Pay: _____
Hourly Rate (Gross): _____ Hours per Week: _____
3. Are you a friend or relative of Applicant? _____
4. Is there any reason this employee will be laid off? _____
5. Any other comments that you think would be beneficial to know: _____

Thank you for completing the residency verification. Your time and effort is appreciated.

Signature

Title

Date

[Email address: belfuryservice@yahoo.com](mailto:belfuryservice@yahoo.com)

3035 Harney Street - Suite 202, Omaha, NE 68131 phone: 402-341-5142 fax: 402-341-6132